

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: <u>Jennings Housing Authority</u> PHA Code: <u>LA118</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>4/1/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>166</u> Number of HCV units: _____					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs PHA 1: PHA 2: PHA 3:	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
PH					HCV	
5.0		5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1		Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
6.0	PHA Plan Update <ul style="list-style-type: none"> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> 1. Admissions and Continued Occupancy Policy Revised June 2010 2. Financial Resources Tenant rents Operating subsidy Capital Funds ROSS Funds 3. Rent Determination Included in the Admissions and Continued Occupancy Policy 4. Operation and Management Revised November 2008 5. Grievance Procedures Revised September 1997 6. Elderly Designated Housing Bangle Drive, a forty one-bedroom dwelling unit site was re-approved as elderly designated on August 24, 2010 7. Community Service and Self-Sufficiency Policy approved October 2000 8. Safety and Crime Prevention Policy approved September 1993 9. Pet Policy Approved September 1997 10. Civil Rights Certification Included in Admissions and Continued Occupancy Policy 11. Fiscal Year Audit No audit findings FYE 3/31/2010 12. Asset Management n/a HA is a small agency with only 1 development 13. Violence Against Women Act (VAWA) Included in the Admissions and Continued Occupancy Policy (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Jennings Housing Authority 300 Bangle Drive Jennings, LA 70546 					

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1

Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund and Program Management Financing
CFFP Fund - Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 1577-0716
Expires 4/30/2011

Part I: Summary of Current Year Capital Fund Program Activities		Current Year Capital Fund Program Activities		Type of Grant	
Title, Name, Program Number, Authority		Grant Type and Period Covered		Original Amount Requested	
Date Submitted by Recipient/Account				<input type="checkbox"/> Project for Reuse of Properties	<input type="checkbox"/> Project Final Statement of Work/Completion
				<input checked="" type="checkbox"/> Project Final Performance Statement	<input type="checkbox"/> Project Final Statement of Work/Completion
				Total Disbursements	Disbursements
				Disbursements	Disbursements
				Initial Disbursements	Initial Disbursements
				Final Disbursements	Final Disbursements
				Total Actualized Expenditures	Total Actualized Expenditures
				Total Actualized Expenditures	Total Actualized Expenditures
				Initial Actualized Expenditures	Initial Actualized Expenditures
				Final Actualized Expenditures	Final Actualized Expenditures
				Expenditures	Expenditures
1	100 REUSE OF PROPERTY	1	100 REUSE OF PROPERTY	1,000,000.00	1,000,000.00
2	400 Residential Construction	2	400 Residential Construction	1,000,000.00	1,000,000.00
3	100 MANAGEMENT EXPENSES	3	100 MANAGEMENT EXPENSES	0.00	0.00
4	410 Administrative Activity (100% of 400)	4	410 Administrative Activity (100% of 400)	0.00	0.00
5	111 R&D	5	111 R&D	0.00	0.00
6	445 Financial Transfers	6	445 Financial Transfers	0.00	0.00
7	410 Non-Cap. Expenditures	7	410 Non-Cap. Expenditures	0.00	0.00
8	140 USE OF EQUIPMENT	8	140 USE OF EQUIPMENT	0.00	0.00
9	421 Rents in Process	9	421 Rents in Process	0.00	0.00
10	2000 OPERATING EXPENSES	10	2000 OPERATING EXPENSES	107,550.16	107,550.16
11	-400 Residential Capital Construction	11	-400 Residential Capital Construction	11,351.60	11,351.60
12	011 Rent - Other than Rents	12	011 Rent - Other than Rents	0.00	0.00
13	1475 Residential Equipment	13	1475 Residential Equipment	0.00	0.00
14	4301 Interest	14	4301 Interest	0.00	0.00
15	402 Mortgagor's Work (Interest-free)	15	402 Mortgagor's Work (Interest-free)	0.00	0.00
16	30511 Repayment CFFP	16	30511 Repayment CFFP	0.00	0.00
17	14971 Unallowable Activities	17	14971 Unallowable Activities	0.00	0.00

¹ 100 REUSE OF PROPERTY: This includes grants for the acquisition of real property, reconstruction or repair of existing real property, and related expenses.
² 400 Residential Construction: This includes grants for the acquisition of real property, reconstruction or repair of existing real property, and related expenses.
³ 100 MANAGEMENT EXPENSES: This includes grants for management, operation, and maintenance of CFFP Grants for operations.
⁴ 410 Adminstrative Activity: This includes grants for management, operation, and maintenance of CFFP Grants for operations.

Annual Statement of Performance and Financial Report
Capital Fund Program - Legal Fund Program Management Housing Product

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
FMS Approved 4/2000

Part I: Summary	<input type="checkbox"/> Original Type and Number: Capital Fund Program Management Housing Product	<input checked="" type="checkbox"/> Replaces Previous Statement Replaces Previous Statement Date (08/20/01)
	<input type="checkbox"/> Annual Statement Capital Fund Program Management Housing Product	<input type="checkbox"/> FMS & OMB Approved

Type of Grant	<input type="checkbox"/> Replaces Previous Statement Performance and Evaluation Report for Period Ending 08/20/01	<input type="checkbox"/> Replaces Previous Statement Statement of Management Action
<input checked="" type="checkbox"/> Original & New Statement	<input type="checkbox"/> Replaces Previous Statement Performance and Evaluation Report for Period Ending 08/20/01	<input type="checkbox"/> Replaces Previous Statement Statement of Management Action

1.1 1.2 1.3	<input type="checkbox"/> Annual Statement Capital Fund Program Management Housing Product	<input type="checkbox"/> Replaces Previous Statement Performance and Evaluation Report
	<input type="checkbox"/> Annual Statement Capital Fund Program Management Housing Product	<input type="checkbox"/> Replaces Previous Statement Performance and Evaluation Report

IS	1.1 1.2 1.3	1.1 1.2 1.3	1.1 1.2 1.3	1.1 1.2 1.3
1.	Amount of funds received from the U.S. Dept. of H.U.D.	1,477,588.00		
2.	Number of U.S. Dept. of H.U.D. Funds Received			
21	Number of U.S. Dept. of H.U.D. Funds Received			
22	Number of U.S. Dept. of H.U.D. Funds Received			
23	Number of U.S. Dept. of H.U.D. Funds Received			
24	Number of U.S. Dept. of H.U.D. Funds Received			
25	Number of U.S. Dept. of H.U.D. Funds Received			

Signature of Executive Director

Date September 30, 2001

Date

Signature of Public Housing Director

Date

- 1.1: The annual statement of performance and financial report
- 1.2: The annual statement of performance and financial report replaces previous statement
- 1.3: The annual statement of performance and financial report replaces previous statement

1. Replaces old statement

14802

On HHS-2000-0429001

Assured Sector: Production and Reproduction Sector
 Capital & Investment Sector; Capital & Fixed Non-Household Residential Construction Factor and
 Capital Fixed Finance Project

U.S. Department of Housing and Urban Development
 Office of Native and Indian Affairs
 (OBA) No. 2577-0026
 Telephone #44002011

Part II: Supporting Forms					
Title X Payments to Private Sector		Performance Contract			

Development: Name Name, OPH, Native American	Contracting Authority Type and Description of Major Work Category	Department Acronym	Quantity Contract No.	Initial Estimated Time Original	Total Amount Original Revised Original if Revised Requestif Total	Status of Work
FIREWALL	FIREWALL		1-170	23,686.24 207,350.15	23,686.24 207,550.16	23,686.24 207,550.16
Condominium Revolving Fund in favor of CO for Condominium building units, Co Oper- ative housing units, Condo, one bedroom, building units, "wheeling building" and other self and self-sustaining self-windloose (No Building Revolving Fund, OPA funds)	1305	1,351.60	11,531.24	11,351.60		
....
....
....
....
TOTAL				\$20,980.00	\$20,980.00	\$20,980.00

To be attached to the Performance and Evaluation Report, as a Schedule to the Contract.

To be attached to the Performance and Evaluation Report.

Table III: Unaudited Schedule for Capital and Unaudited Programs
Tata Bank, London-Hong Kong Authority

Program Number: Nestle-H&Wids Activities				Fiscal FFY of Grant: 2010
Original Budget Date	Actual Expenditure End Date	Original Expenditure End Date	Actual Expenditure End Date	Risk Register L4 for Tata Bank
3/30/10	3/30/12	3/30/12	3/30/12	

Note: This schedule represents the current status of the program. It is subject to change as circumstances change.

Page 4

A-Vital-Mitglied-Benachrichtigung und Finanzierungs-Report
Original Fund Program, Capital Fund Program Reporting & Housing Finance and
Capital Fund Financing Program

U.S.A. New Jersey - Hanover, NJ 08823 (U.S.A.) Headquarters
Offices: Philadelphia, Lodi, Illinois
OMC: No. 2375-226
Fax: +1 847 920 01

Part I: Summary

PEA: State Bank of America Corp
City/Address: Glen Rock and New Jersey
PO Box: 111
Name:
I.A. 5th
Type of Curr:

Form #4-C Form-2189

Date of Form Approved: 2010.

Original Award Request Date for Financial Rating: 1986/00
Ex: Reference and Requests Report for Financial Rating: 1986/00
Line: Summary by Non-Financial Section

2012/01/01 00:00:00
Total Estimated Cost Total Actual Cost
Programmed

Line	Description	Total Estimated Cost	Total Actual Cost	Programmed
1	101.000000 000000	101.000000	101.000000	
2	111.000000 000000	111.000000	111.000000	
3	112. Management Expenses			
4	113. Administration Expenses and Personnel			
5	114. Assets			
6	115. Equipment Purchases			
7	116. Rent and Occupancy	40,000.00	40,000.00	30,000.00
8	117. Other Expenses			
9	118. Other Income			
10	119. Capital & Reserves			
11	120.1 Financial Institutions—Non-Bankable	458,000.00	238,000.00	21,000.00
12	120.2 Other Financial Institutions	16,020.00	16,020.00	0
13	121. Non-Bankable Investment			
14	122. Premium			
15	123. Premium Purchase Refund			
16	124. Premium Refund	3,000.00	3,000.00	1,000.00
17	125. Premium Refund			

1. To be used for the Purchase and Sale of Assets.
2. To be used for the Purchase and Sale of Assets.
3. Only valid after 230 days in a transaction involving 100% of CIP funds in operation.
4. Not valid after 100 days.

Annual Performance Evaluation and Transition Report
Capital Fund Program Capital Fund Request Reviewers of Housing Authorities
Capital Fund Review Panel Program

Annual Performance Evaluation and Transition Report

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 One Bldg., 25 E. 9th St.
 Washington, D.C. 20410

File No. 2010-0000311

1st Periodic Audit
 Date of Initial Approval

Date of Final Approval

Period of Annual Statistical Information

Final Performance and Evaluations Acted

Date of Initial Approval	Initial Performance and Evaluations Acted
July 23, 2010	July 23, 2010

General Annual Statement
 Per Disbursements and Estimated Receipts for Period Ending September 30, 2010

General Disbursement Requests

Periodic Annual Statistical Information
 Date of Initial Approval
 Initial Performance and Evaluations Acted

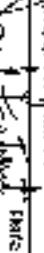
General Annual Statement

Per Disbursements and Estimated Receipts for Period Ending September 30, 2010

General Disbursement Requests

Periodic Annual Statistical Information
 Date of Initial Approval

Item	Description	Original	Amended
10.	Allocation of Net Income (or Net Loss)	-498,000.00	-63,979.76
11.	Allocation of Net Income (or Net Loss) - 11	-498,000.00	-63,979.76
12.	Number of the 25 Largest CBOA in the Nation		
23.	Number of the 25 Largest CBOAs in the Nation		
34.	Number of the 25 Largest CBOAs in the Nation		
71.	Number of the 25 Largest CBOAs in the Nation		

Signture of Executive Director: 
 Date: September 30, 2010 | Signature of Public Housing Authority
 [Signature]

¹ U.S. Department of Housing and Urban Development, Report
² The Executive Director's Performance Evaluation Report is a biannual document.
³ PBO will add 250 units in aggregate into each 100% of PHAs in operation.
⁴ Relying on the number.

Annual Strategic Performance and Evaluation Report

Capita vs. Strategic, Capital and Program Management Metrics v. Q Factor and Capital Fund vs. Strategic Program

TO Date

2011

Capital

2011

Program

2011

Strategic

2011

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DOI R No. 2577-0026

Proposed 45002011

Line Item Supporting Page		General Information		Financial Performance 2011	
Name	Address	City, AL, County	State	Original	Revised
MLA Mack: Deutscher, Andreatta, Clark, City, AL, County PO Box 231 Birmingham LA, 35245	General Description of Major Work Activities	General Project Number Cape Fox Project Grant No. 12-1100746200 CPR Project No. Approved by Underwriter/Underline:	Project No.	Total Isolated Cos.	Total Actual Cost
121100746200	Review of C-629 Re-Submission of C-629 - Absent standing units. On is in the interior interactions with a user of thick or unpleasant insulation. Top and bottom 10: Top/bottom of windows with double pane windows; Lead/Latin or coated art Decorative walls and exterior Art - no display; Completion of Inc. w. 2; Review work of job planning List, esp. Reviewing of open line; Total return of addition to room; connections; Exclusion of additional stock to ex-inventory; Registration of equipment; Registration of fixtures etc.	1230	\$1,000.00	438,000.00	438,000.00 23,429.70
121100746200	Registration of fixtures and ranges with energy star rated appliances Registration of fixtures	1268	\$5,620.00	16,800.00 0	
121100746200		1295	\$2,300.00	3,300.00 1,000.00	
			\$490,900.00	\$498,100.00 11,029.70	

*To be re-submitted after re-submission and negotiation of C-629-CR 20110224 March 2011

**To be re-submitted after re-submission and negotiation of C-629-CR 20110224 March 2011

Award Schedule and Performance Evaluation Process,
Capital Fund Program, Capital Fund Program Indicators, 16589 Factor and
Capital Fund Flows in the Program

Part II: Summary

FDA Name: Funding Formula	Grant Type and Number:
Authority:	Co-OP Prod Project Govt. of Co-OP N. C. 13 Evaluations, Monitoring & Training Qual.

Table of Items

Type of Item		
1.	2.	3.
Capital Investment Plan and Financial Report for Period January - July 2013	<input checked="" type="checkbox"/> Requests for Physical Expenditures	<input checked="" type="checkbox"/> Standardized Statistical Information
2.	<input type="checkbox"/> Annual Program Improvement	<input checked="" type="checkbox"/> Financial Management System
3.	<input type="checkbox"/> Interim Administrative Report from June 1, 2013 to June 30, 2013	<input type="checkbox"/> Financial Administration Evaluation Report
4.	<input type="checkbox"/> Financial Statements (most recent) for year ended 6/30/2013	<input type="checkbox"/> Total Estimated Cost
*	<input type="checkbox"/> Interim Final Report from June 1, 2013 to June 30, 2013	<input type="checkbox"/> Actual Cost
5.	<input type="checkbox"/> Interim Financial Disclosure	<input type="checkbox"/> Discrepancy
6.	<input type="checkbox"/> Program Self-Evaluation	<input type="checkbox"/> Expenditure
7.	<input type="checkbox"/> Interim Program Evaluation	<input type="checkbox"/> Transfer
8.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Variance
9.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Unadjusted Total
10.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Total Budgeted Cost
11.	<input type="checkbox"/> Interim Allowable Expenditures Statement	<input type="checkbox"/> Total Actual Cost
12.	<input type="checkbox"/> Interim Actual/Planned Expenditures Statement	<input type="checkbox"/> Total Discrepancy
13.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Total Discrepancy
14.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Total Discrepancy
15.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Total Discrepancy
16.	<input type="checkbox"/> Interim Financial Statement	<input type="checkbox"/> Total Discrepancy

**T.D. Department of Housing and Urban Development
Office of Native American Indian Housing
(OAI) NAF 2013-0026
Project #457-021-**

**Mitigation Plan 2015
of Vibration Agreement**

- *2013 Interim Final Report from June 1, 2013 to June 30, 2013.
- **Interim Final Report from June 1, 2013 to June 30, 2013.
- ***Financial statements for the most recent fiscal year end.
- ****Financial statement for the most recent fiscal year end.
- *****Financial statement for the most recent fiscal year end.
- *****Financial statement for the most recent fiscal year end.

Annual Statement of Performance and Distribution Report:
Internal Audit Program; Annual Audit Program Report - Agency Hearing Board
Civilian Fund Processing Program

Draft

Final

U.S. Department of Housing and Urban Development
Office of Public Programs, Office of Hearings
OAG No. 2570-0286
Caption 45 CFR 201

FY of 2010
FY of Current Award

Final

Draft

Part II: Summary			
Unit Name	Code Type and Number		
Agency Directive	Subsidy Fund Recovery Formula Act, H.R. 141, S. 33		
Authority	Applies to Civilian Hearing Board		
Information	Information		
Original Actual Position	<input type="checkbox"/> Revenue or Disbursements		
Performance and Rehabilitation Project Profile	<input type="checkbox"/> Project Profile		
Summary of Institutional Control	<input type="checkbox"/> Summary		
Line			
104	UPI Qualification Date Received by the DPA		
105	2009 Qualification Date Received by the DPA		
106	Original Total Amount Received by the DPA		
107	Original Amount Received by the DPA		
20	1012 Guidance Document Received by the DPA		
21	Amount of Amount Received by the DPA	267,486.00	240,350.00
22	Amount Received by the DPA		
23	Amount Received by the DPA		
24	Amount Received by the DPA		
25	Amount Received by the DPA		
26	Amount Received by the DPA		
27	Amount Received by the DPA		
28	Amount Received by the DPA		
29	Amount Received by the DPA		
30	Amount Received by the DPA		
Signature of Executive Director		Date 09/09/2010	Signature of Public Hearing Director
		Date	

1) The completed funds difference is at the end of April.

2) To be paid out in November due to the Payment of 100% of the amount due.

3) An additional 20% will be processed after receiving 100% of the amount due.

4) BPP funds are available.

Annual Performance and Evaluation Report
Capital Bond Monitoring Report
Capital Bond Monitoring Report

Part II: Reporting Period:
FYA: November 1, 2010 - December 31, 2010

Period of Financial Number:
Original Document Date: May 1, 1991, C
(CFC, v. 100)
Revised on: 05/01/2010

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-1126
Expires 4/30/2011

Report ID#:

Federal Project Grant: 2004

Development Name/ Name/Title/Type	General Description of Work Category	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Source of Funds
Stock and Capital						
Total Construction in progress average	1430		22,300.00	22,300.00	22,300.00	Funds
possible on Sale A	1430		3,500.00	0	0	Funds
initial rental ch. charge cur p: idoneo and complete r: costable interest at (5) cap. deduction, due date mrc	1461		31,922.50	31,922.50	31,922.50	Funds
Repairs & maintenance	1475		8,650.10	8,650.10	8,650.10	Funds
Repairs & maintenance	1493		8,713.50	8,713.50	8,713.50	Funds
Capital Allocated			900.00	900.00	900.00	Funds
TOTALS			307,460.00	267,596.40	240,350.60	

¹ To complete the construction of the building, the project will require an additional \$1,000,000.00.

Form WIOB 50625.1 (4/2008)

Printed

Ansiedl Sturmgeschütz Berlin, einer der 17 Gruppen im Raum
Capo e Punto Piave, Cittadella Final Paganella Regione und Hinterland Friaul und
Capitan bunt bunt, in C. Bagnall

U.S. Army and allies and U.S. and local forces in combat
of the 2nd and Indian Parachute
(Batt. No. 2575/2576
1977/1984 4500/25/1

Part II: Summary	RECEIVED AND SIGNATURES	RECEIVED AND SIGNATURES
RECEIVED AND SIGNATURES	Original Type and Number Original Birth Record Card No. 1440P/133013 Received by the Italian Govt. Date 16/6/61	Original Type and Number Original Birth Record Card No. 1440P/133013 Received by the Italian Govt. Date 16/6/61

Type of Service	<input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	<input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
1. <input checked="" type="checkbox"/> Regular Army	1. <input checked="" type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	1. <input checked="" type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
2. <input type="checkbox"/> Regular Reserve	2. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	2. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
3. <input type="checkbox"/> Selected Reservist	3. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	3. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
4. <input type="checkbox"/> Selected Reservist	4. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	4. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
5. <input type="checkbox"/> Selected Reservist	5. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	5. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
6. <input type="checkbox"/> Selected Reservist	6. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	6. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
7. <input type="checkbox"/> Selected Reservist	7. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	7. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
8. <input type="checkbox"/> Selected Reservist	8. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	8. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
9. <input type="checkbox"/> Selected Reservist	9. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	9. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
10. <input type="checkbox"/> Selected Reservist	10. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	10. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
11. <input type="checkbox"/> Selected Reservist	11. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	11. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
12. <input type="checkbox"/> Selected Reservist	12. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	12. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
13. <input type="checkbox"/> Selected Reservist	13. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	13. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
14. <input type="checkbox"/> Selected Reservist	14. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	14. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES
15. <input type="checkbox"/> Selected Reservist	15. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	15. <input type="checkbox"/> Received Actual Service Record (Receiving No.) Original Actual Service Record (Receiving No.)	RECEIVED AND SIGNATURES

¹To be converted to U.S. Reference and Financial Record
²To be converted to U.S. Reference and Financial Record
³PEPS WILL NOT BE USED IN TRANSMISSIONS OR FOR COMMUNICATIONS
⁴DO NOT USE THIS FORM FOR COMMUNICATIONS

**Assured Satisfaction of Economic and Financial Reporting
Special Fund Programs Capitalization Requirements - Republication Annex & Factor and
Costing Final Financing Program**

Date: 20/09/2011

S.5. Recording of Assured Satisfaction of Financial Reporting
On File at the Central Bank of India
CBIR No. 037-A/2006
Reference: 431012011

Part II: Summary 1.0.1. Name: Central Bank of India Address: 1, M.G. Road, Mumbai Pincode: 400001 Date: 20/09/2011		<input type="checkbox"/> Part II: General <input checked="" type="checkbox"/> Part II: General and Costing <input type="checkbox"/> Part II: General Approval
Type of Grant		
<input type="checkbox"/> On World Bank and Eurobank <input checked="" type="checkbox"/> Performance Based Project Financing	<input type="checkbox"/> Harmonized Project Management	<input type="checkbox"/> Standard Annual Statement of Operations <input type="checkbox"/> Final Performance and Costing Report
1.0.2. Description of Project Activities 1.0.3. Other Details of the Project	Total Estimated Cost (in Rs.) 10,00,00,000/- (Ten Lakh)	Total Actual Cost (in Rs.) 10,00,00,000/- (Ten Lakh)
1.0.4. Project Progress Report: 30th September 2011 20. Actual Expenditure (in Rupees in Lakh) 21. Actual Cost in Rupees in Lakh 22. Total Cost in Rupees in Lakh 23. Anticipated Total Cost in Rupees in Lakh 24. Actual Progress Percentage 25. Actual Cost in Rupees in Lakh	26.5,495,000 19,701,000 19,701,000 19,701,000 100 10,00,00,000	26.5,495,000 19,701,000 19,701,000 19,701,000 100 10,00,00,000
HIGHLIGHTS OF FINANCIAL POSITION Date September 30, 2011 Segments of Project Financing Structure		

¹To be considered for Performance Audit Report.
²To be considered for Performance Audit Report.
³To be considered for Performance Audit Report.
⁴To be considered for Performance Audit Report.
⁵To be considered for Performance Audit Report.

*Annu's Settlement Backlog and Capitalization Report
Capital Fund Disbursements, Capital Fund Payments Reconciliation, Disburse Factor and
Costs, Total Disbursement Report*

FMDA Bank Securitization Disbursements

Grant Type and Number
Project File: Project No.: 1244P; 109110
COPC Reg. No:
Report Date/Period: 08/14/10

Number of Years: 2010

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OPIH No. 28774626
Expires 4/30/2011

Disbursement Number Number of Years	Description of Major Work Category	Disbursement Acctnum No.	Quantity	Total Estimated Cost	Total Actual Cost	Same as Work
Activities	Category		Original	Revised ¹	Trust ² Obligated ³	Funds ⁴ Expenditure ⁵
FMDA Work - PFS and Carts Install 1,400 units additional multifamily residential units in the following cities: (b) O'Fallon, Illinois, IL Vermillion, South Dakota, SD Yankton, South Dakota, SD Wheaton, Illinois, IL	-	10310 1460 14651 1570	2,000,000 2,5265.00 9,000,000 20000.00	2,000,000 2,5265.00 9,000,000 20000.00	10,300,000 14,600 9,000,000 20000.00	10,300,000 14,600 9,000,000 20000.00
	Troale			664,956.00	12,700,000	

¹Indicates actual amount disbursed for previous year. ²Actuals from Capital Fund Disbursement Statement.
³Indicates current amount obligated for current year.

Annual Statement, Performance and Evaluation Report
 Capital Fund Program, Capitalized Program Implementation Learning Platform and
 Capital Fund Management Program

U.S. Department of Housing and Urban Development
 Office of Public and Native American Programs
 OMB No. 2573-4229
 Form 4050-31
 Expiry: 4/30/2011

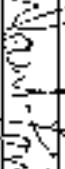
Part II: Summary			
FDA Name: Learning Platform	Grant Type and Number <input type="checkbox"/> Interagency Initiative/Partnership Capital Fund Program Grant No. 448011520-1-1 To Disseminate Native American Best Practices Form 4050-31		
Type of Grant	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Partnerships and Collaborations Related to Federal Programs <input type="checkbox"/> Dissemination of Native American Best Practices		
Year:			
Project Title:			
1. Project Description	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
2. Project Objectives	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
3. Project Activities	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
4. Project Outcomes	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
5. Project Status	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
6. Project Progress	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
7. Project Budget	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
8. Project Timeline	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
9. Project Contacts	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
10. Project Reports	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
11. Project Publications	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
12. Project Findings	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
13. Project Lessons Learned	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
14. Project Impact	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
15. Project Evaluation	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
16. Project Audits	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		
17. Project Monitoring	<input type="checkbox"/> Interagency Initiative/Partnership <input type="checkbox"/> Dissemination of Native American Best Practices		

¹For more information see the Performance and Evaluation Report.
²To be submitted to OMB, the Interagency and Evaluation Board, at Annual Statement
³This will occur annually in mid-June; by July 15, 2003, OMB grants an extension
⁴or may still be used even

Project ID	Title	Total Amount Received from Interagency Initiatives	
		Total Disbursements	Remaining Balance
1	1401-0000-0000-0000-0000	0.00	0.00
2	1401-0000-0000-0000-0000	0.00	0.00
3	1401-0000-0000-0000-0000	0.00	0.00
4	1401-0000-0000-0000-0000	0.00	0.00
5	1401-0000-0000-0000-0000	0.00	0.00
6	1401-0000-0000-0000-0000	0.00	0.00
7	1401-0000-0000-0000-0000	0.00	0.00
8	1401-0000-0000-0000-0000	0.00	0.00
9	1401-0000-0000-0000-0000	0.00	0.00
10	1401-0000-0000-0000-0000	0.00	0.00
11	1401-0000-0000-0000-0000	0.00	0.00
12	1401-0000-0000-0000-0000	0.00	0.00
13	1401-0000-0000-0000-0000	0.00	0.00
14	1401-0000-0000-0000-0000	0.00	0.00
15	1401-0000-0000-0000-0000	0.00	0.00
16	1401-0000-0000-0000-0000	0.00	0.00
17	1401-0000-0000-0000-0000	0.00	0.00

Annual Statement Performance and Evaluation Report
Capital Fund Housing Capital Fund Performance Report
Capital Fund Housing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0225
FAPRS 4/30/2011

<input checked="" type="checkbox"/> Part I: Summary	<input type="checkbox"/> Part II: Financial Statement
PHA Name: Jenning Housing Authority	City, State and Zipcode: Capitol Food Project Great Soc. Ldsgt 14401 11
Date of CFPS:	Date of CFPE:
Proposed	
<input checked="" type="checkbox"/> Original Annual Statement	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	
Time: Summary by Recipient Account	Total Estimated Cost: \$ 1,000
13a. 1. CSH Contractual or Direct Service Aid by the PHA	Original: \$ 1,000
13b. 2. CSH Contractual or Direct Service Aid by the PHA	Actual: \$ 1,000
<input type="checkbox"/> Reserve for Discretionary Expenses	
<input type="checkbox"/> Revised Annual Statement (see below inc.)	
<input type="checkbox"/> Final Performance and Evaluation Report	
14. 1923 Contract may not exceed \$4,250 per 20%	Total Actual Cost: \$ 265,985.00
20. Amount of New Construction (first 20 times 3 - 9)	Expenditure: \$ 265,985.00
21. Amount of Title V, P.L.D. in FPH Activities	Original: \$ 0.00
22. Amount of the 20% Deduct to Section 504 Activities	Actual: \$ 0.00
23. Amount of Line 20 Reduced to Showby - Scott Woods	Revised: \$ 0.00
24. Amount of the 20% Deduct to Security - Frank Cox	Final: \$ 0.00
25. Amount of Line 20 Reduced in FPH Contract Measure A	Final: \$ 0.00
Signature of Executive Director: 	Date: Date 9/30/2010
Signature of Public Housing Director	

*This is my initial for the Performance and Evaluation Report.
**To be completed for the Performance and Evaluation Report or a General Annual Statement.
***See Exhibit C for "Final Annual Statement" which uses LSC's OMB Circular for operation.
RHF for the call is removed from the report.

Annual Statement of Expenditures and Transfers
Capital Fund Program, Capital Fund Program Reimbursement Requests and
Capital Fund Financing Program

T.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0220
Expires 4/30/2011

Part II: Subsidized Program

Project Name: Loring Heights Housing Authority
Grant Type and Number: Capital Fund Program Grant No. 144821 8301-11
CFF Grant No.:
Requirement (rounding basis): \$1,000,000

Federal E&I contract 2011

Development Number Formerly Known As Address	Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Local Match Cost	State of Work
100A Wide	Resident Costs					
	Improvements to existing sidewalks and parking areas	1430		21,000.00		
	Install solar air, change out windows and completely re-build the interior of 6 two-bedroom efficiency units	1450		26,600.00		
	Purchase 9 refrigerators and 9 ranges	1455		3,000.00		
	Total:			36,600.00		

¹ To be submitted to the Performance Evaluation Project for a "Final Score" statement.
² To be submitted to the Performance Evaluation Project

Capital Fund Programs—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Housing Act 4302018

Form HUD-50075.2 (4-2018)

Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.

Part I: Summary PHA Name/Number Tenants/Assisted Families/Units New In-Unit Rent Increase Name		FY 2017 Annual Budget Year 1 for Year 1		FY 2018 Annual Budget Year 2 for Year 2		FY 2019 Annual Budget Year 3 for Year 3		FY 2020 Annual Budget Year 4 for Year 4		FY 2021 Annual Budget Year 5 for Year 5	
H.	Physical Improvements Sub-type	\$11,981.09		\$15,582.09		\$13,981.09		\$13,981.09		\$13,981.09	
I.	Blended Income/Housing Type										
J.	Capital, Non-Housing Improvement			\$10,500.00							
K.	Administrative										
L.	Code										
M.	Police										
N.	Revolution										
O.	Reserve Fund										
P.	Capital, Non-Housing— Data, Specific										
Q.	Capital, Non-Housing— Total										
R.	Total Non-Housing			\$10,500.00		\$15,582.09		\$13,981.09		\$13,981.09	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Affairs
DRAFT April 2020

<u>Part II: Supporting Pages—Physical Needs With Statement(s)</u> <u>With Statement(s)</u> <u>Year 1 – FY 2017</u> <u>Year 2 – FY 2018</u>	<u>Work Statement for Year 2</u> <u>FY 2018</u> <u>Ques. 5b</u>	<u>Balanced Ocs</u>	<u>Work Statement for Year 3</u> <u>FY 2019</u> <u>Ques. 5b</u>	
			<u>Development Nimbalization</u>	<u>Overall Description of Housing Categories</u>
<u>General Description of Major Work Categories</u>				
<u>Fees and Costs:</u> Fees and costs for planning, entitlement, and compliance activities including O&I, LOMA, hazardous materials removal, and E&L fees	20,000.00 214,985.00	<u>Fee and Cost</u> Entitlement, changes or; planning, activities of GLOMAs hazardous materials removal, and E&L fees	20,000.00 214,585.00	
<u>Procedure 2: Re-Evaluation</u> <u>End of Term Fees</u>	\$1,000.00 \$5,000.00 and 9 charges	<u>Procedure 2: Re-Evaluation</u> <u>End of Term Fees</u>	4,000.00	
<u>Subtotal of Estimated Ocs</u>	<u>\$245,005.00</u>		<u>Subtotal of Estimated Ocs</u>	<u>\$243,985.00</u>

PHL-2019-5

Form HUD-500532 (4/2014)

Capital Land Program Five Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Executive Order 13690

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement or Statement of Year 1 PPR	Description Number/Name Major Work Category	(Priority)	Estimated Cost	Work Statement for Year 5	
				Priority Year 2/3	Priority Year 4/5
Initial repair and upgrade of windows, and completely renovate the interior of (i) one bedroom unit, II-3, plus one additional unit.	Initial Repair and Upgrade of Windows and One Additional Bedroom Unit, II-3, Plus One Additional Unit		22,000.00 219,985.00 450,000.00		
Improvements to exterior fixtures, fire and waterproof areas	Improvements to Exterior Fixtures, Fire and Waterproof Areas		15,000.00		
Sulfomethylamine Coat	Sulfomethylamine Coat	9	265,985.00	Subtotal of Estimated Cost	9
					Sum of Work Statements (420,000)

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (**Note: applies to only public housing.**)
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert;

2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

- 8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

- 8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

- 8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-

year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year.
(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**
- (b) Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c)** PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a)** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b)** Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c)** Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d)** Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e)** Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f)** Resident Advisory Board (RAB) comments.
- (g)** Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h)** Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.
- (i)** Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.